

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 12 2013

Bayfield Co. Zoning Dept.

Permit #:	13-0136
Date:	6-14-13
Amount Paid:	\$100
Refund:	6-10-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Kimberly WALLIN	Mailing Address: 21990 Pratt St.	City/State/Zip: Grand View, WI 54839	Telephone: 715-763-3362
Address of Property: 21990 Pratt St.		City/State/Zip: Grand View, WI 54839	Cell Phone:
Contractor: SELF		Contractor Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION NE 1/4, NE 1/4		PIN: (123 digits) 04-081-2-45-06-21-101-006-60000	Recorded Document: (i.e. Property Ownership) Volume 675 Page(s) 158
Section 21 , Township 45 N, Range 6 W		Town of: Grand View	Lot Size
			Acres 20.490

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> If yes--continue →	Distance Structure is from Shoreline: 855' feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material \$40,000	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	_____	

Existing Structure: (if permit being applied for is relevant to it)	Length: 36	Width: 16	Height: 16'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Addition/Alteration (specify) living room / 3-season room	(16 X 36)	576
	Accessory Building (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Conditional Use: (explain)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain)		(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Kimberly Wallin**
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Kimberly Wallin**
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date **6-12-13**

Address to send permit **P.O. Box 14, Grand View, WI 54839**

Attach
Copy of Tax Statement ☒

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
(2) Show/Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90+ Feet	Setback from the Lake (ordinary high water mark)	NA Feet
Setback from the Established Right-of-Way	80+ Feet	Setback from the River, Stream, Creek	800+ Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	120+ Feet		
Setback from the South Lot Line	110+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	1,000+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	600+ Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	80+ Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

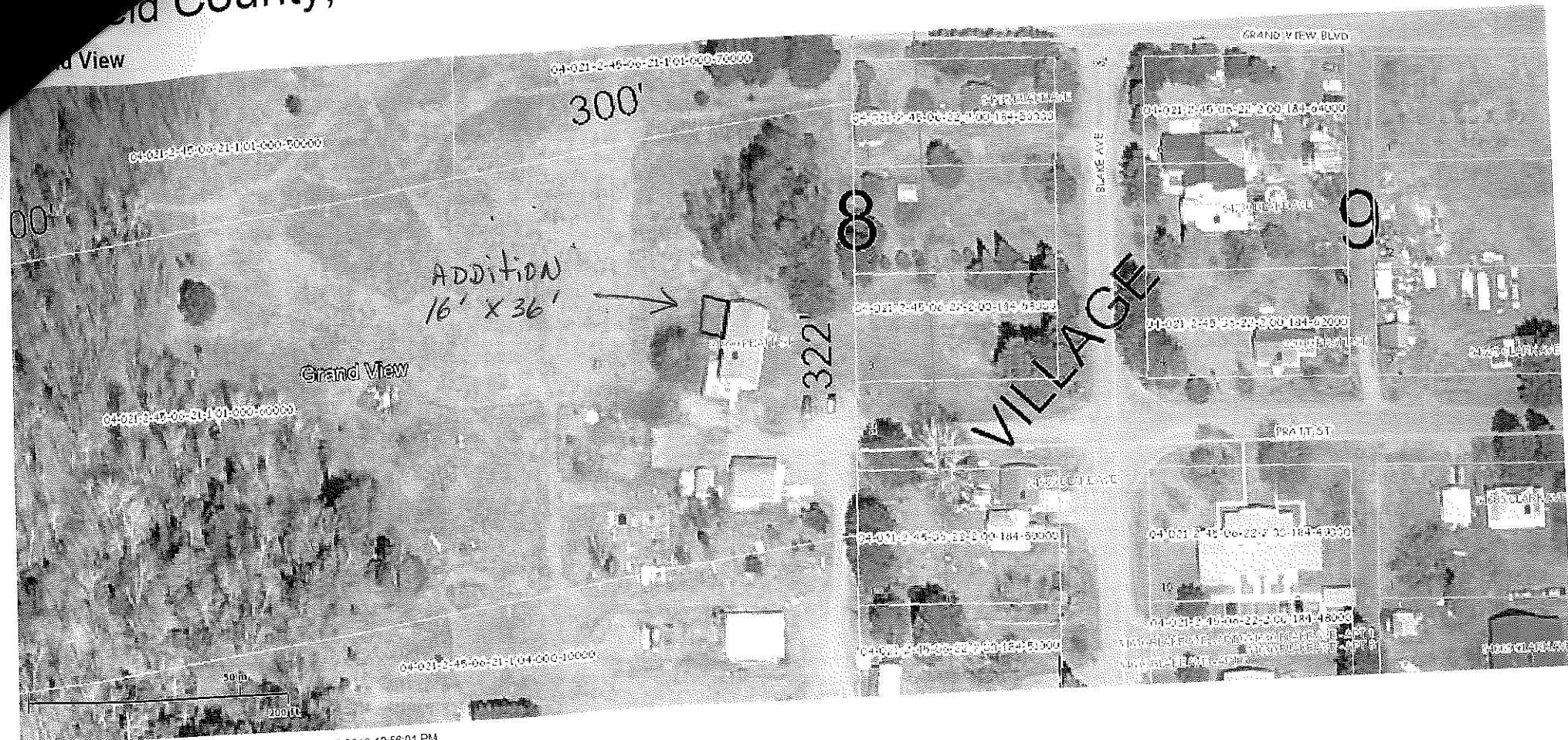
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>13-0136</u>		Permit Date: <u>6-14-13</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:		Zoning District (R-4)					
<u>Meta all setbacks.</u>		Lakes Classification (3)					
Date of inspection:	<u>6-13-13</u>	Inspected by:	<u>M. Fustala</u>				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)		Date of Re-Inspection:					
Signature of Inspector: <u>Michael Fustala</u>		Date of Approval: <u>6-13-13</u>					
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____			

Old County, WI



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date of Application Received
AUG 09 2012

Permit #: 13-0139
Date: 10-14-13
Amount Paid: \$4504-18-13
Refund:

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/ass)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☒ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:

Town of GRAND VIEW

22010 Grandview Blvd

Grand View, WI 54839

715-763-3151

Address of Property:

City/State/Zip:

Grand View, WI 54839

Cell Phone:

2300 Camp Eight Rd

Grand View, WI

54839

Plumber Phone:

Contractor:

Contractor Phone:

920-940-1114 cell

Plumber Phone:

Intelegna LLC

920-940-0150

Steve Heimbush

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization Attached

Dan Anderson - Norwood

715-798-7114

P.O. Box 67 Cable, WI 54821

Attached

PROJECT LOCATION

Legal Description: (Use Tax Statement)

Plat: (23 dgrs) 04-021-2-45-06-35-304-000-10000

Recorded Document: (i.e. Property Ownership) Volume 358 Page(s) 327

SE 1/4, SW 1/4

Gov't Lot

Lot(s)

CSM

Vol & Page

Section 35

Township 45

N, Range 6

W

Town of: Grand View

Distance Structure is from Shoreline:

1000 feet

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone?

Shoreland

Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain?

Distance Structure is from Shoreline: feet

Are Wetlands Present?

Non-Shoreland

Is Property/Land within 1000 feet of Lake, Pond or Flowage

Distance Structure is from Shoreline: feet

Are Wetlands Present?

Value at Time of Completion

Project (What are you applying for)

of Stories and/or basement

Use

\$150,000

1-Story

Seasonal

of bedrooms

What Type of Sewer/Sanitary System is on the property?

1-Story + Loft

Year Round

Municipal/City

Water

Conversion

2-Story

Sanitary (Exists) Specify Type:

Relocate (existing bldg)

Basement

3

Sanitary (Pit) or Vaulted (min 200 gallon)

Run a Business on Property

No Basement

None

Portable (w/service contract)

Foundation

300' Tower

Compost Toilet

None

Existing Structure: (if permit being applied for is relevant to it)

Length:

Width:

Height:

Proposed Construction:

Length:

Width:

Height:

Proposed Use

Principal Structure (first structure on property)

Dimensions

Square Footage

Residential Use

Principal Structure (first structure on property)

Residence (i.e. cabin, hunting shack, etc.)

with Loft

Commercial Use

Mobile Home (manufactured date)

Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)

Municipal Use

Addition/Alteration (specify)

Accessory Building (specify)

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

Other: (explain)

Other: (explain)

Special Use: (explain)

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Special Use: (explain)

Conditional Use: (explain)

Other: (explain)

Other: (explain)

Special Use: (explain)

Conditional Use: (explain)

Your Property (regardless of what you are applying for)

Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

SHOW any (*):

SHOW any (*):

See attached

Site plan

4-17-13

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	340 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	325 Feet	Setback from the River, Stream, Creek	300 Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	900 Feet		
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	556 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	306 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 13-039	Permit Date: 6-14-13					
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Inspection Record:						
Meets all requirements.						
Date of inspection:	Inspected by: M. Fuchs	Zoning District (F-1)				
Conditional Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)						
Signature of Inspector: Michael Fuchs						
see affidavit and ZC meeting minutes						
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>	Date of Approval: 6-14-13		